DOCUMENT RESUME

ED 186 149 PS 011 446

TITLE Child Development Associate. Child Growth and Development.

INSTITUTION Eastern Oklahoma State Coll., Wilburton.; Oklahoma Child Development Associate Policy Advisory Council, Midwest City.; Oscar Rose Junior Coll., Midwest City, Okla.

SPONS AGENCY Office of Child Development (DHEW), Washington, D.C.

PUB DATE [76]

GRANT DHEW-OCD-6-C-15

NOTE 157p.; For related documents, see PS 011 430-445 and PS 011 447.

EDRS PRICE MF01/PC07 Plus Postage.

DESCRIPTORS *Child Caregivers; *Child Development; *Competency Based Teacher Education; Day Care; Early Childhood Education; Emotional Development; Infants; Intellectual Development; Learning Activities; Physical Development; Postsecondary Education; Prenatal Influences; *Preschool Teachers; Social Development; *Training

IDENTIFIERS *CDA; Child Development Associate

ABSTRACT

The purpose of this Child Development Associate (CDA) training module, one of a series of 18, is to help the CDA intern understand the factors and principles which affect the total growth and development of children. Early sections of the module stipulate the module's competency-based objectives, define terms, and suggest procedures by which trainees can evaluate their strengths and weaknesses. Subsequent chapters discuss the nature of child growth and development, prenatal development, the neonate and infancy, and the child's physical, social, emotional, and intellectual development. The module also provides 11 learning activities for the CDA intern. Also listed are books, pamphlets, films, filmstrips, and cassette tapes related to child growth and development. (MP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED186149

CHILD DEVELOPMENT ASSOCIATE

PS011446

CHILD DEVELOPMENT ASSOCIATE

The Child Development Associate Pilot Project, funded by the U. S. Department of Health, Education and Welfare, Region VI, Office of Child Development, was awarded to Eastern Oklahoma State College in the fall of 1973, where during the next two years, draft materials for competency-based training was developed. In the fall of 1975, Oscar Rose Junior College was contracted to review and revise the materials for publication. The following individuals have provided the expertise and assistance for completion of the Oklahoma Child Development Associate curriculum materials.

OKLAHOMA CHILD DEVELOPMENT ASSOCIATE POLICY ADVISORY COUNCIL 1973-76

Mayme Jackson, Chairperson 1973-76
Sally Augustine 1973-76
Marcie Banks 1975-76
Anita Buford 1975-76
Faye Campbell 1973-76
Jake Civis 1975-76
Henry E. Draper 1973-76
Wanda Draper 1973-74
Maxine Edwards 1974-76
Tom English 1973-75
Florence Frank 1973-75
Shirley George 1973-74
Peggy Gonzalez 1975-76
Jo Graham 1973-74
Mildred Harding 1973-75
Jeanette Henson 1973-75
Betty Holland 1975-76
Connie Kagan 1975-76
Bob Keck 1975-76
Betty Kerr 1975-76
Ann Lassetter 1975-76
Judith Lucus 1973-75
Della McCulloch 1973-76
Donna Milburn 1974-76
Mary H. Nelson 1975-76
Ruth Dunn Ray 1975-76
Joy Roye 1975-76
Virginia Stanley 1973-75
Betty Stratton 1975-76
Sherrie Taylor 1975-76
Joyce Thompson 1974-76
Vernetta Thur 1973-76
Jack Wagner 1975-76
James Wahpepah 1975-76
Gerald Williams 1974-75
Wanda Wilson 1973-74
Gary Witt 1974-75
Eugenia M. Zallen 1974-76

OSCAR ROSE JUNIOR COLLEGE 1975-76

Susan C. Loveless, Project Director
Sue Williams, Child Development Specialist
Jane Thomas, Child Development Specialist
Dolores Stegelin, Child Development Specialist

EASTERN OKLAHOMA STATE COLLEGE 1973-75

Dale Chlouber, Project Director
Dixie McKinzie, staff 1973-75
Mary M. Dunkin, staff 1973-74
Barbara Ross, staff 1974-75
Pamela Hill, staff 1974-75
Lynn DuChateau, staff 1974-75

This document was developed pursuant to Grant Number 6-C-15, of the Office of Child Development, Office of Human Development, U. S. Department of Health, Education and Welfare. Points of view and opinions stated herein are those adopted by the Oklahoma Child Development Associate Policy Advisory Council and are not necessarily representative of official Office of Child Development opinion or policy.

TABLE OF CONTENTS

Chapter	Title	Page
I	Introduction	
	Rationale	1
	Objectives	2
II	Definitions of Terms	3
III	Self-Evaluation	7
IV	Nature of Child Growth and Development	8
V	Prenatal Development	20
VI	Neonate and Infancy	28
VII	Physical Development	46
VIII	Social Development	55
IX	Emotional Development	70
X	Intellectual Development	98
XI	Learning Activities	107
XII	Supplemental Materials	131

CHAPTER I

INTRODUCTION

RATIONALE

Childrens' heredity, their environments, and their first six years of life are the most important factors for laying the foundations for their future growth and development. Children's heredity is set at conception and then the various aspects of their environments take over in determining the direction their growth and development will take.

In studying the growth and development of children, an individual is seeking to understand the multiple factors and principles which affect these children and how these operate on their total development---physically, intellectually, emotionally, and socially. At the same time, the individual is becoming acquainted with the various theories of child development and can select from these, the ideas and principles that this individual will use in working with and rearing children.

Throughout the study of this area, the individual will gain an insight into children and attempt to determine how to structure the environment to foster the most positive growth and development of these children toward responsible adulthood.

Accomplishment of the objectives in this area will foster the individual's development of the following competencies as defined by the Child Development Associate Consortium:

Competencies:

II. Advances physical and intellectual competence.

III. Builds positive self-concept and individual strength.

IV. Promotes positive functioning of children and adults in a group.

OBJECTIVES

Upon completion of this area the trainee will be able to:

1. Observe children in a variety of situations, then record and analyze their progress in growth and development according to the developmental tasks for each stage.

2. Recognize in each child or case studies of many children, some of the basic patterns and principles of development.

3. Describe the major effect of heredity and environment on the growth and development of an individual child through studying many children.

4. Describe and recognize some hereditary factors that are apparent in children in the center.

5. Recognize the particular stage of development in different children.

6. Describe the major stages of pregnancy and childbirth for the woman.

7. Recognize and describe the major stages of growth and development in children in these areas: physical-motor, emotional, intellectual, social.

8. Recognize and describe factors in environment that have affected the growth and development of children. Explain how these affected the child and what can be done to enable these factors to foster, rather than hinder, development.

9. Analyze behavior problems of young children and determine the cause of the problem. Propose possible solutions or courses of action for correction and elimination of the problem. Also, suggest ways in which to prevent the problem from recurring.

10. List and describe the effects of nutrition, health, medications, attitude, appearance, and other external factors on prenatal development.

11. Demonstrate how to meet the physical and psychological needs of a child in such areas as nutrition, health, safety, neglect, abuse, formal/informal education, and materials/equipment.

12. Demonstrate the importance of a variety of elements in a child's play to promote optimum development of that child.

13. Evaluate the physical center environment of a child and demonstrate ways to improve it for the benefit of that child.

CHAPTER II

DEFINITIONS OF TERMS

1. Amniotic sac---The "bag of waters" in which the embryo/fetus lives and grows before birth.

2. Apathetic---Having, or showing, little or no feeling or emotion.

3. Auto-education---Self-education.

4. Autonomy---The state of being independent and self-directing.

5. Autotelic activity---Activity done for its own sake rather than for rewards or punishment.

6. Behavior model---A significant parent, adult or peer with whom children may associate and whom they admire.

7. Care giver---A person providing care to young children.

8. Child development---The scientific study of the growth and development of young children.

9. Conceive---To cause to begin.

10. Concept---Something conceived in the mind; an idea.

11. Conception---The state of being conceived; the moment of fertilization when pregnancy begins.

12. Conscience---The feeling that a behavior is right or wrong.

13. Creativity---The intellectual capacity that results in the development of new and original relationships, objects, and ideas.

14. Development of initiative---The energy or action that children exert in discovering who they are as they experiment with plans, ideas, and imagination.

15. Embryo---The developing human individual during the time that the various organs and tissues are being differentiated and formed; from the end of the second week (implantation) to the end of the second month.

16. Environment---The surroundings and all the different forces: physical, social, cultural, etc., which shape and influence the development of a child.

17. Eye-hand coordination---The ability to move the hand smoothly and simultaneously in the direction the eye indicates.

18. Fetus---The developing, individual human from the end of the second month until birth.

19. Heredity---The potentials for development which are genetically derived from one's ancestors.

20. Homeostasis---Maintaining a state of physiological equilibrium in the newborn organism. Tension is reduced and balance restored by food, sleep, sucking, and swallowing; through breathing, moving, having baths, and dry diapers.

21. Identification---A child's psychological orientation toward another person.

22. Infancy---The period from one month to one and a half or two years of age.

23. Language development---The process of acquiring spoken words to communicate.

24. Learning theorist---A person who uses the scientific method to investigate learning behaviors and attempts to explain how learning takes place.

25. Malnutrition---The result of the inadequate intake of food.

26. Maturation---The process of becoming mature.

27. Memory---The ability to recall and associate words with an experience.

28. Motor skill---The ability to impart motion by the muscles, both fine and gross, in a coordinated manner.

    a. Fine motor---Pertaining to the movement of the small muscles, i.e., the muscles of the fingers, eyes, etc.

    b. Gross motor---Pertaining to the movement of the large muscles, i.e., arms, head, torso, legs.

29. Natal---Pertaining to birth.

    a. Innate---Inborn.

    b. Innate intelligence---Inherited intellectual potential.

    c. Neonatal---The period from birth to one month.

    d. Prenatal---The period from conception to birth.

30. Ovum---The female cell or egg.

31. Peer---Belonging to the same age group in society.

32. Perception---The direct and immediate knowing of the presence of an object or situation through the physical senses.

33. Physical development--Pertaining to the overall growth of the body, such as motor skills, muscle coordination, body size, etc.

34. Placenta---The structure in the uterus through which the embryo and fetus receive nourishment.

35. Play

    a. Solitary Play--The earliest stage of play in which the children play by themselves.

    b. Parallel Play---Children play side by side, taking pleasure in each other's company, but without social exchange.

    c. Associative Play---Play in which all of the children are doing the same thing, but separately, still with little interchange.

    d. Cooperative Play---Play in which children discuss and assign roles necessary to a joint venture.

36. Problem solving and thought formation---The ability to relate sensory perceptions to each other in arriving at solutions to problems.

37. Reflex behavior---Automatic responses which govern the neonate's body movements during the first few days of life.

38. Sensorimotor exploration---Exploration by the five senses, body movement, and action resulting in the development of mental concepts of the thing explored.

39. Sensory perception---The capability of perceiving through the senses, which include touch, taste, looking, smelling, and hearing.

40. Siblings---One's brothers and sisters.

41. Social development---The acquiring of the ability to behave in accordance with social expectations.

42. Sperm---The male cell in reproduction.

43. Symbolic functioning---The use of words to denote persons, places and objects.

44. Toddler---A child from the age of one and a half or two, to three years of age.

45. Uterus---The female organ for the protection and nourishment of the embryo and fetus.

CHAPTER III

SELF-EVALUATION

To determine your competence in this area, read through the rationale and objectives in Chapter I and check those which you can perform successfully. This will provide an indication of your strengths and weaknesses.

Discuss this evaluation with the trainer/supervisor to determine the classroom and field experiences that will enable you to demonstrate competence in each objective.

If your self-evaluation and interview indicate that you can demonstrate competence in each objective, request an advanced-standing examination from your trainer.

CHAPTER IV

NATURE OF CHILD GROWTH AND DEVELOPMENT

RATIONALE

The basis for a recognition of deviations-from-normal development lies in the ability of the individual to recognize normal patterns of growth and development. The scientific study of children reveals commonalities in patterns of development. While each child grows at an individual rate, the sequence of characteristic development is the same for all children. The individual should be able to recognize these sequences in order to plan learning activities appropriate for each child at any particular stage of development.

ESSENTIAL CONTENT INFORMATION

I. Importance of the Study of Child Development.

The study of child development provides the foundation of knowledge necessary for working with young children. Through an understanding of this knowledge, the individual will be able to:

A. Gain a better understanding of self.

B. Gain a better understanding of children.

C. Prepare for parenthood.

D. Plan programs for young children.

II. Major Developmental-Age Periods.

There are no universally accepted age-stages in developmental studies. Different authorities divide the early years into periods that seem most useful in their particular area of study. The developmental-age periods listed below seem appropriate for child care purposes. Yet one finds different breakdowns in other materials.

A. Prenatal: From conception to birth.

B. Neonatal: Birth to one month.

C. Infancy: (Approximately) One month to eighteen months.

D. Toddler: (Approximately) Eighteen months to three years.

E. Early Childhood: (Approximately) Three years to six years.

III. Developmental Tasks.

Developmental tasks are those common tasks each individual of a given stage must master in order to be happy and to achieve the tasks of the next stage.

A. The need for some tasks rises from physical maturation or readiness of the body, some from the pressures of our culture, some from the personal values and wishes of the individual.

B. In determining the timing of educational efforts for young children, it is well to consider the three signs of the "teachable moment":

1. When the body is ready.

2. When society requires.

3. When the child is individually motivated.

C. Below are Havinghurst's suggested developmental tasks for the early years of birth through age six:

1. Learning to eat solid foods.

2. Learning to walk and use fine muscles.

3. Learning proper toilet habits.

4. Learning to communicate with other people.

5. Achieving independence and self-care.

6. Learning sex differences and modesty.

7. Forming concepts of reality.

8. Learning to distinguish and internalize concepts of right and wrong.

9. Learning to identify with parents, siblings, and other people.

IV. Principles of Development.

Principles of development are generalizations about growth and development that can be applied to every area of development---physical, intellectual, social and emotional. They are generally considered universally valid.

A. Development is the result of the children's response to their environments.

B. Development is a continuous and gradual process.

C. Development is most rapid during the early years.

D. The various aspects of development are interrelated.

E. Each individual has a particular rate and pattern of development which tends to remain constant.

F. The sequence of development is dependable and predictable, although exact timing is not.

G. Development is a process of specialization and individualization.

V. Hereditary and Environmental Influences.

Hereditary and environmental influences are derived from different sources and are unique within each individual. Neither heredity nor environment is most important: each plays its own special role.

A. Hereditary: Each child is born with certain inherent capacities for growth which determine the wide limits within which that child can develop.

B. Environment: Each child experiences certain forces which interact with hereditary to shape and influence the development of that child as it takes place.

VI. Developmental Needs (Maslow.)

Maslow suggested that all human beings have the same basic needs. He organized these needs into a hierarchy, the most basic needs of which must be satisfied before the higher needs have power to motivate our actions.

A. In the order of their potency in influencing development, these needs are:

1. Physical needs.

2. Safety needs.

3. Belonging and love needs.

4. Esteem needs.

5. Self-actualizing needs.

B. In planning programs for young children one must consider the gratification of each of these needs.

1. The physical needs of young children should be considered in setting up the daily schedule. Provision for adequate amounts of nutrition through food and water, for rest times and for active play should be made.

2. Safety needs are met as the program provides surroundings for children that are orderly and predictable so that they do not need to fear the unexpected.

3. Belonging and love needs are met as the teachers consider the children as individuals and include them as such in the plans and activities of the program; as they attempt to set up a warm, "home-like" environment where all the children are loved and accepted for themselves as individuals.

4. Esteem needs are met as activities are selected which allow the children to succeed more than they fail. Teachers need to encourage and help children appreciate each child's contribution to the group.

5. Self-actualizing needs can be provided for by giving children the materials and the freedom to be creative, to adapt things to their own imaginations, to solve some of their own problems, and set some of their own goals.

VII. Developmental Tasks (Erickson).

A developmental task is a common task to be accomplished by each individual. Successful completion of sequential tasks allows for smooth orderly growth and development. Unsuccessful completion of tasks limits the individual's ability to progress in an orderly pattern.

A. Categories of behavior and specific tasks for infancy and early childhood. (See description, page 13)

B. Categories of late childhood and adolescence. (see page 16)

DEVELOPMENTAL TASKS FOR INFANCY

AND EARLY CHILDHOOD

I. Achieving an appropriate dependence-independence pattern.

A. Infancy.

1. Establishing one's self as a very dependent being.

2. Beginning the establishment of self-awareness.

B. Early childhood.

1. Adjusting to less private attention: becoming physically independent (while remaining strongly emotionally dependent.)

II. Achieving an appropriate giving-receiving pattern of affection.

A. Infancy.

1. Developing a feeling for affection.

B. Early childhood.

1. Developing the ability to give affection.

2. Learning to share affection.

III. Relating to changing social groups.

A. Infancy.

1. Becoming aware of the alive as against the inanimate, and the familiar as against the unfamiliar.

2. Developing rudimentary social-interaction.

B. Early childhood.

1. Beginning to develop the ability to interact with age-mates.

2. Adjusting in the family to expectations it has for the child as a member of the social unit.

IV. Developing a conscience.

A. Infancy.

1. Beginning to adjust to the expectations of others.

B. Early childhood.

1. Developing the ability to take directions and to be obedient in the presence of authority.

2. Developing the ability to be obedient in the absence of authority where conscience substitutes for authority.

V. Learning one's psycho-socio-biological sex role.

A. Early childhood.

1. Learning to identify with male adult and female adult roles.

VI. Accepting and adjusting to a changing body.

A. Infancy.

1. Adjusting to adult feeding demands.

2. Adjusting to adult cleanliness demands.

3. Adjusting to adult attitudes toward genital manipulation.

B. Early childhood.

1. Adjusting to expectations resulting from one's improving muscular abilities.

2. Developing sex modesty.

VII. Managing a changing body and learning new motor patterns.

A. Infancy.

1. Developing psysiological equilibrium.

2. Developing eye-hand coordination.

3. Establishing satisfactory rhythms of rest and activity.

B. Early Childhood.

1. Developing large muscle control.

2. Learning to coordinate large and small muscles.

VIII. Learning to understand and control the physical world.

A. Infancy.

1. Exploring the physical world.

B. Early childhood.

1. Meeting adult expectations for restrictive exploration and manipulation of an expanding environment.

XI. Developing an appropriate symbol system and conceptual abilities.

A. Infancy.

1. Developing preverbal communication.

2. Developing verbal communication.

3. Rudimentary concept formation.

B. Early childhood.

1. Improving one's use of the symbol system.

2. Enormous elaboration of the concept pattern.

X. Relating one's self to the cosmos.

A. Early Childhood.

1. Developing a genuine, though uncritical, notion about one's place in the cosmos.

DEVELOPMENTAL TASKS FOR LATE CHILDHOOD

AND ADOLESCENCE

I. Achieving an appropriate dependence-independence pattern.

A. Late Childhood.

1. Freeing one's self from primary identification with adults.

B. Early Adolescence.

1. Establishing one's independence from adults in all areas of behavior.

C. Late Adolescence.

1. Establishing one's self as an independent individual in an adult manner.

II. Achieving an appropriate giving-receiving pattern of affection.

A. Late Childhood.

1. Learning to give as much love as one receives: forming friendships with peers.

B. Early Adolescence.

1. Accepting one's self as a worthwhile person, really worthy of love.

C. Late Adolescence.

1. Building a strong mutual affectional bond with a (possible) marriage partner.

III. Relating to changing social groups.

A. Late Childhood.

1. Clarifying the adult world as over against the child's world.

2. Establishing peer groupness and learning to belong.

B. Early adolescence.

1. Behaving according to a shifting peer code.

C. Late adolescence.

1. Adopting an adult-patterned set of social values by learning a new peer code.

IV. Developing a conscience.

A. Late childhood.

1. Learning more rules and developing true morality.

B. Late adolescence.

1. Learning to verbalize contradictions in moral codes as well as discrepancies between principle and practice, and resolving these problems in a responsible manner.

V. Learning one's psycho-socio-biological sex role.

A. Late childhood.

1. Beginning to identify with one's social contemporaries of the same sex.

B. Early adolescence.

1. Strong identification with one's own sex mates.

2. Learning one's role in heterosexual relationships.

C. Late adolescence.

1. Exploring possibilities for a future mate and acquiring "desirability."

2. Choosing an occupation.

3. Preparing to accept one's future role in manhood or womanhood as a responsible citizen of the larger community.

VI. Accepting and adjusting to a changing body.

A. Early adolescence.

1. Reorganizing one's thoughts and feelings about one's self in the face of significant bodily changes and their concomitants.

2. Accepting the reality of one's appearance.

B. Late adolescence.

1. Learning appropriate outlets for sexual drives.

VII. Managing a changing body and learning new motor patterns.

A. Late childhood.

1. Refining and elaborating skill in the use of small muscles.

B. Early adolescence.

1. Controlling and using "new" body.

VIII. Learning to understand and control the physical world.

A. Late childhood.

1. Learning more realistic ways of studying and controlling the physical world.

IX. Developing an appropriate symbol system and conceptual abilities.

A. Late childhood.

1. Learning to use language actually to exchange ideas or to influence one's hearers.

2. Beginning understanding of real causal relations.

3. Making finer conceptual distinctions and thinking reflectively.

B. Early adolescence.

1. Using language to express and to clarify more complex concepts.

2. Moving from the concrete to the abstract and applying general principles to the particular.

C. Late adolescence.

1. Achieving the level of reasoning of which one is capable.

X. Relating one's self to the cosmos.

A. Late childhood.

1. Developing a scientific approach.

B. Late adolescence.

1. Formulating a workable belief and value system.

CHAPTER V

PRENATAL DEVELOPMENT

RATIONALE

One of the most critical periods of the child development begins at the time of conception. The prenatal period provides the basis for the total developmental process. A basic knowledge of the stages of prenatal development, as well as an understanding of the many influences---fixed and variable, positive and negative---which effect the unborn child, enhances the teacher's ability to recognize and meet the individual needs of each child.

ESSENTIAL CONTENT INFORMATION

I. Stages of Prenatal Development.

At the moment of conception, the first of the three stages of prenatal development begins. The total period of prenatal development lasts approximately forty weeks.

A. Period of the Ovum.

This stage begins with conception and ends with the fertilized ovum attaching itself to the wall of the mother's uterus. This is called implantation. This process usually takes ten to fourteen days. During this time the ovum, which began as a single cell, subdivides to form a large mass of cells.

B. Period of the Embryo.

This stage begins when the ovum is firmly attached to the wall of the uterus and lasts until the end of the second month. During this period, the developing baby is called an embryo, and develops rapidly form a mass of cells into a recognizable human form.

1. All of the body systems have begun to form and some have begun to function.

2. Muscles and the cartilage that will develop into bones have begun to develop.

3. Hands with stubby fingers, feet with stubby toes, arms, and legs have formed.

4. The brain and nervous system are developing rapidly.

5. The period of the embryo is a period of rapid growth during which the foundation is laid for the normal development of all body systems. It is a critical period to all future development.

C. Period of the Fetus.

The period of the fetus extends from the end of the second month until birth. The baby is called a fetus at this period.

1. The various body systems become well developed and begin to function.

2. Fingernails, toenails, and hair appear.

3. The fetus can move during the ninth week, but movement is not felt by the mother until about the sixteenth week.

4. The fetus can suck, swallow, and hear by the end of the sixth month.

5. The development during the last three months is in preparation for birth and independent living. If born prematurely during this period, the baby would have a good chance of survival, although the closer birth occurs to the end of the forty week period, the greater the chances for survival.

II. The Prenatal Life-Support System.

The astronaut walking in space has a life-support system: his space suit, his backpak, and his life-line. The prenatal child also has a life-support system: the amniotic sac, the placenta, and the umbilical cord.

A. Amniotic Sac.

The "bag of waters" in which the embryo/fetus lives and grows during the months before birth. Its main purpose is protection. It provides a cushion against the pressures of the mother's body and the shocks of her bumps and falls. It also keeps the delicate prenatal tissues moist and resilient and provides some nutrients.

B. Placenta.

The pad of blood-rich cells built up in the uterine wall whose purpose is to process the resources of the mother's body so they can be used by the baby. By osmosis, through the placenta, the baby receives oxygen, fluids, and the nutrients which form the developing body.

C. Umbilical Cord.

The baby's life-line connects the placenta to the embryo or fetus. It serves as a circulation channel taking vital elements from the placenta to the baby and returning waste products to be eliminated by the mother.

III. Critical Period of Prenatal Development.

The period in which rapid growth is occurring is critical. Harmful incidents which occur during this critical period can have heightened effects on the developing baby.

A. The first three months of prenatal development are a critical period for the development of organ systems. It is during this period that they are beginning to emerge.

B. The first three months of prenatal development are critical for the development of human features; arms, legs, feet, head, hands, and facial features are taking shape.

C. Harmful environmental influences during this critical period can cause serious, permanent changes. Influences such as malnutrition, disease, and physical or chemical agents which affect the mother may abuse the embryo.

D. The effects of environmental influences after the first three months can cause permanent damage to the developing fetus, but they can no longer change the basic structure of the organs and physical features which have previously been formed.

IV. The Influence of Heredity and Environment on Prenatal Development.

A. Heredity.

Each individual inherits the potential for the development of certain characteristics. In other words, heredity determines the possibilities and limitations for development of certain characteristics. The mechanisms of heredity start the child developing and control the sequencing of development. Half of the baby's hereditary genetic material (twenty-three chromosomes) is received from the mother, and half (twenty-three chromosomes) from the father. The father's contribution determines the sex of the child. Other genetically-determined features include body build (tall, thin; short, stocky), color of hair and eyes, facial features, and other physical characteristics.

B. Environment.

The environment in which the individual develops, both before and after birth also influences the course of development. This influence may be either positive or negative. Several years ago there were a large number of infants born with deformed arms and legs because their mothers took a drug called thalidomide while they were pregnant. The presence of this drug in the mother's bloodstream changed the prenatal environment and resulted in the deformities. Yet as a positive example, the proper and adequate nutrition of the mother before and during pregnancy creates a prenatal environment that is beneficial to the development of the newborn infant.

C. Heredity and Environment Combined.

The prenatal environment, which is determined by the physical and emotional state of the mother, is of utmost importance in encouraging or limiting the development of inherited potential. It is possible that the individual who has an inherited potential for a height of six feet may actually only grow to five feet, ten inches due to the negative effects of the prenatal environment.

V. Negative Influences on Prenatal Development.

The influences on prenatal development are many and pervasive. Those interested in the health and vigor of the prenatal child should be aware of these influences and be alert to deal with them positively. Heredity, nutrition, the emotional health and the amount of rest the mother receives, various physical and chemical agents, diseases, and the mother's age---all may affect prenatal development.

A. Influences which may affect prenatal development negatively.

1. Difficulties of development may result from genetic (inherited) faults (phenylketonuria, hemophilia, sickle cell anemia, etc.)

2. If the RH factors of the mother's and the child's blood are not compatible, fetal anemia may result.

3. Radiation or X-ray of the mother may interfere with the normal development of the embryo.

4. Quinine, barbituates, tranquilizers, hard drugs (heroin, LSD) and perhaps even such an innocent drug as aspirin, may damage the embryo.

5. If the mother has German measles, rubella, during the first three months of pregnancy, distortions may occur in embryonic growth.

6. Both excessive smoking and drinking seem to be positively related to the occurrence of high-risk situations at child birth and in the newborn.

7. Emotional disturbances of the mother are associated with a high level of activity and irritability in the fetus and the newborn.

8. The earliest (teen-age years) and the last (over 30) of the mother's childbearing years are positively related to some difficulties.

B. Positive ways to assure optimum prenatal development.

1. Parents who know there are genetic difficulties in their families can ask for genetic counseling before conception or ask for a testing of the amniotic fluid to check for incidence of the disease in the embryo.

2. Early determination of parental RH blood factors is one of the checks made by the physician or clinic when pregnancy is first suspected. An incompatibility signals the doctor to keep careful check on the vital signs of the fetus. He can institute major life-saving measures if a danger level of anemia is reached before birth or can recognize the possible need for the hospital to stand ready for an after-delivery transfusion. Measures are also available to protect future children from the buildup of damaging antibodies in the mother's body. Parents should be alert to see that these measures are employed as a part of the mother's after-delivery care.

3. It is hoped that vaccination of young children against rubella may also protect pregnant women from exposure to this threat.

4. Because of the adverse effects of many common drugs and medicines on prenatal development, it is recommended that women, during the child-bearing years be extremely cautious of the drugs and medicines they take. During the critical embryonic period, most women do not yet realize they are pregnant. Therefore, no medicines should be taken without a doctor's prescription and all medications should be reviewed with a doctor as soon as pregnancy is suspected. To take the known-abusive drugs is to risk the life, or the life-long health of the unborn child.

5. Check for any possibility of pregnancy before proceeding with the routine use of X-ray diagnosis or radiation therapy.

6. From ages twenty to thirty are the woman's optimum years for child-bearing. This is the period when there are the least complications in pregnancy for both the mother and the child.

7. One of the most positive influences, and one of the easiest for most mothers to arrange, is adequate nutrition. The growth and development of the cells of the human body depend on the food we eat. The developing baby must depend on the diet of the mother for all nutritional needs. The doctor, on an early visit, should outline an adequate diet and monitor weight gains throughout pregnancy. Excessive food curtailment is not considered wise.

8. There is also considerable evidence that proper nutrition during the woman's teen-age years aids the development of a strong and well-functioning body which responds easily and well to the rigors of pregnancy.

C. Despite possible adverse influences, most babies are surprisingly sturdy and are born healthy and normal. The mother helps assure this optimum development in the prenatal child by:

1. Putting herself under the care of a doctor or prenatal clinic as soon as pregnancy is suspected.

2. Eating adequate amounts of nutritional food.

3. Getting adequate rest and relaxation.

VI. The Birth Process.

A. Stages of the Birth Process.

Birth occurs about forty weeks after conception. There are three stages in the birth process:

1. Opening of the cervix (mouth of the uterus.)

2. Emergency of the baby.

3. Expulsion of the placenta (afterbirth.)

B. Approaches to Birth.

There are a number of ways to handle childbirth. Some of the obstetrical approaches are used to alleviate difficulties; some are used routinely to ease childbirth for the mother.

1. Caesarian Section.

   a. In a Caesarian section the baby is surgically removed through an incision in the mother's abdominal and uterine walls. This is done when the mother's birth canal is not adequate for normal delivery or when a rapid delivery is dictated for some reason.

2. Drugs.

   a. Various pain-relieving drugs are available for use at the discretion of the obstetrician.

   b. The use of any drug during childbirth negatively affects the infant's ability to cope with the stresses of the labor and birth process, but one should realize that some medication may be necessary and the doctor should use such medications advisedly.

3. Natural Childbirth.

   a. While widely heralded and used successfully by many pleased parents and physicians, it is not accepted by all doctors.

   b. If parents wish to use the training and methods of "natural childbirth," they should select an obstetrician who will work with them. The doctor may reserve the right to use other obstetrical measures if the situation demands.

CHPATER VI

NEONATE AND INFANCY

RATIONALE

Understanding of the early thrusts for growth of young children is imperative since it is the most rapid stage of growth after birth. The growth of young children in areas of cognitive, language, motor development and autonomy will take place in a sequential nature at their own rates. At this stage children will relate to their world through their senses. Therefore, the care given must provide for sensory stimulation.

ESSENTIAL CONTENT INFORMATION

I. The Neonate's Transition to Life Outside the Womb.

A. Appearance.

1. Skin is wrinkled and loose with a waxy vernix covering.

2. Head is often elongated and lumpy.

3. Eyelids are puffy and eyes may look small.

4. Usually fine dark hair covers the head and may also be scattered over the newborn's body. This hair disappears at the latest, about the fourth month of life, leaving the baby soft and smooth.

5. Average birth weight for American babies is $7\frac{1}{2}$ pounds. The size of babies varies with many factors.

B. Respiration.

1. The newborn makes a transition from being a water-born parasite to an air-born independent individual.

2. Normal breathing is irregular, rapid, and shallow.

3. Coughing, sneezing, and yawning are reflexes with important survival value. Coughing and sneezing clears air passages and lungs of mucus; yawning provides the infant with additional air when it is suddenly needed.

C. Nutrition.

1. The newborn changes from absorbing nutrients through the placenta to taking food into the mouth and stomach.

2. Hunger contractions, sucking, and swallowing reflexes are present at birth.

D. Elimination.

1. The first material evacuated from the colon is waste accumulated before birth from cellular breakdown, intestinal secretion, bile, and swallowed mucus and amniotic fluid.

2. Then stools assume characteristics that are dependent upon the type of food intake.

E. Temperature Regulation.

1. The neonate's mechanisms for maintaining a stable body temperature are unstable.

2. The newborn gets along best in a controlled temperature with clothing and bedding carefully regulated to maintain a steady temperature.

II. The Concept of Homeostasis.

Much of the behavior of the newborn can be explained by the concept of homeostasis or the maintaining of a state of physiological equilibrium in the newborn.

A. The tension due to hunger, wet diapers, need for sleep, etc., is relieved by food, dry diapers, or sleep, etc.

B. Equilibrium is continually being disturbed and restored in a new state.

C. As states of equilibrium are disturbed and restored, changes in the newborn's behavior result because of new experiences and the need to find equilibrium with different conditions.

D. Growth and development take place as infants seek to relate their needs to the world around them.

III. Early Significant Relationships and Experiences.

A. Crying.

1. Crying and food-seeking behavior are the newborn's main methods of effecting changes in one's environment.

2. Crying usually occurs in response to stomach contractions, cold, loud noises, other intense stimuli or discomfort.

3. Crying is the newborn's means of communication and infants who have their needs met through good infant nursing care have reduced incidence and duration of crying.

B. Feeding.

1. Research has not demonstrated any clear-cut physical or psychological differences between breast-fed and bottle-fed babies.

2. When substituting bottles for breasts, it is important to imitate the psychological situation as well as the nutritional.

3. Holding and cuddling during feeding may well be as important as getting the formula right.

4. The relationship between the infant and the mother is most important.

5. The infants' feelings that accompany the act of rooting, pursing the lips, sucking and swallowing food, promote their personality development.

6. The infants' beginning feelings of trust and confidence are enhanced by their success in obtaining food and in satisfying their need for rooting, pursing the lips, grasping and sucking to obtain food.

7. Flexible, mutually-regulated feeding patterns contribute to a sense of well-being and trust.

C. Holding, Cuddling, Rocking, Changing Position.

1. The good feelings accompanying stimulation to the skin, muscles, and hearing senses through holding, cuddling, rocking, or changing positions help create states of equilibrium in the young baby; good feelings accompany tension reduction.

2. The acts of holding, cuddling, rocking, and changing positions help to build relationships with the mother, father, grandparents, siblings, etc., enhancing sensory and emotional satisfaction.

D. Bathing, Dressing, and Other Physical Care.

1. The relationships which bring tension reduction through bathing, dressing, and physical care promote trust and enhance the infant's feelings of security and well-being.

2. Verbalizations, touching, and caring for the infant create social situations in which the mother conveys warm feelings and a love for the baby which become the foundations upon which later growth and development may successfully take place.

IV. Reflexes in the Neonate.

A. Mono-Reflex (Startle Reflex).

A response to a sudden loud noise or sudden loss of equilibrium consisting of a stiffening of the body, throwing the arms up and out, then forward and toward each other as if to embrace or seize while crying.

B. Darwinian Reflex.

The infant strongly grasps anything placed against the palm of his hand, thus assisting him to cling to a protector.

C. Pain Reflex.

If any part of the newborn senses pain, he will withdraw that part if he can and try to push or bat an imposition away.

D. Tracking, Seeking, and Sucking (Rooting Reflex).

In response to stimulation on the side of the face, the infant turns its head in the direction of the stimulus while simultaneously opening its mouth. Light stimulation of the lips, cheeks, or chin results in sucking movements that include coordination of the tongue and lower jaw.

E. Gag Reflex.

The reflex that helps the newborn spit up the mucus from its mother's womb so that it can breathe.

F. Blink Reflex.

The reflex that protects the newborn's eyes.

G. Warming Reflex.

The reflex that causes the newborn to pull in its limbs to reduce exposed body surface and cry and shiver to try to improve its body's circulation when exposed to a sharp temperature change.

H. Smothering Reflex.

When an object is placed over its nose and mouth, this reflex causes the newborn to move and then twist its head from side to side. If the object is not removed, the infant will cross each arm over its face to try to remove the object.

V. Relationship Development Through the Neonate's Senses.

A. Tactile Senses.

1. This includes the skin, inner ear, lips, mouth, and other body orifices.

2. The skin is the focus of the newborn's contact with the environment and relates the infant to sensations of heat, cold, pressure, and pain.

3. Patting, caressing, cuddling, carrying, rocking, changing position, washing, drying are tactile experiences that soothe and promote the well-being of babies.

4. These experiences are the child's basis for getting meaning from other sensory experience, for personality development, and for interpersonal relationships.

B. Hearing.

1. Hearing is an important source of sensory stimulation.

2. Babies can make fine hearing discriminations which are very meaningful to their well-being and existence as well as being another of the ways they begin to gain sensory data about the world.

C. Vision.

1. Vision is present in the newborn and visual stimulation elicts responses in the eyelids, neck, circulation, respiration, and the whole body.

2. Some eye fixation occurs in the first day of the newborn.

3. The newborn's head will turn to follow a visual stimulus within the first few days after birth.

4. The newborn can focus on objects.

5. Perceiving the faces of nurses or caregivers is an early type of visual experience.

D. Coordination of Vision and Hearing.

Although the newborn's vision and hearing are now well coordinated, they become better coordinated as the child learns through experiences.

E. Taste.

The sense of taste is present in newborns who often accept sweet tastes while having tendencies to reject salty, bitter, or sour tastes.

F. Smell.

During the first few days of life, the newborn is quite sensitive to strong odors and can discriminate between different odors.

G. Pain.

1. The newborn's pain sensitivity increases steadily during the first few days of life.

2. Gastrointestinal upset results in a great deal of crying in the newborn, while such things as pin pricks and circumcision seem to cause less pain.

3. The newborn appears to be more sensitive to some kinds of pain than to others, as part of nature's way of helping the newborn cope with a new environment.

H. Temperature.

1. Newborn babies are capable of making responses to cold or warm stimuli.

2. The newborn increases muscular activity in response to temperature drops.

VI. Resources for Intelligent Behavior in the Neonate.

A. Resources.

1. The resources for intelligent behavior include the capacity for seeing, hearing, tasting, and smelling.

2. At birth the brain has developed certain capacities and has the potential for later development.

3. The lower portions of the brain control the vital physiological processes and the reflective behaviors.

4. The higher brain centers control learning, thinking, remembering, and reasoning.

5. The lower portions are developed and functional at birth.

B. Sensory Capacity.

1. The neonate's sensory capacities, including touch, hearing, tastes, and smell are developed in proportion to the response to stimulation in all the sensory facilities.

2. Capabilities for intelligent, mental behavior during the first week include: seeing patterns of light and dark, focusing at a distance of eight inches (beyond that vision is hazy), being sensitive to sound, distinguishing volume and pitch, distinguishing taste, stopping sucking to look at something, and shutting out disturbing stimuli.

VII. Resources for Personal, Emotional, and Social Behavior.

A. Foundation for Behavior.

1. The neonate has the resources and potential for the development of personal, social, and emotional behavior.

2. There is a wide difference between the newborn's reaction to stimulation, differences in amount of sleep and crying, differences in tempo and speed of growth, and vigor in feeding behavior.

3. Such individual differences play a subtle part in causing different responses from the infant's social environment, such as the development and shaping of attitudes and responses of the mother toward the baby.

B. Emotions.

1. Early emotion in the neonate is aroused by internal and external conditions such as hunger, temperature change, a wet diaper, etc.

2. Specific emotions such as fear, anger, joy, and affection are likely not to exist at first, but the potential for their development is present.

C. Socialization.

During the first week the neonate shows responses of excitement and distress, smiles spontaneously and fleetingly to sensory stimulation, becomes alert to and tries to focus on a face or voice, quiets when picked up, and searchs for a nipple.

D. Personal Development.

1. Responses in the neonate during the first week of life involve efforts which are directed toward maintaining physiological equilibrium (homeostasis).

2. Feelings of well-being and healthy personality growth occur as a by-product to the maintenance of homeostasis.

3. A sense of trust develops as the baby is fed, being comforted and stimulated by a caregiver and being actively playing some part in bringing about these experiences.

VIII. Appearance of the Infant.

A. Babies show individual differences in appearance which become more apparent as the infant matures and grows.

B. A baby has soft smooth skin and coarser hair than the neonate, in a shade similar to what it is going to be.

C. The baby has a large forehead, large eyes, small nose and chin, and plump cheeks.

D. Birth weight is doubled by four or five months and tripled at one year.

E. Height is doubled by about four years.

IX. Physical Growth and Development of the Infant.

A. The growth and development of the infant proceeds rapidly and at a pace that is not found at any other time in the child's life.

B. The infant's body grows at rates that are sequenced by nature with stages of development.

C. The progression of skills becomes increasingly more complex as each skill is mastered and new skills are combined with previously-mastered accomplishments.

D. Seemingly simple acts such as reaching for and grasping an object begin with crude shoulder and elbow movements; yet aim and approach are clumsy.

E. The child's ability to walk is the end result of a long series of physical developments.

1. First with the ability to raise the chin up at one month.

2. Then to raise the chest up at two months.

3. Then to reach and yet miss the object sought.

4. Then to sit with support, on a lap, in a highchair, and eventually to sit alone.

5. Then to stand with help before standing alone.

6. Then finally to walk alone at approximately fifteen months.

F. The age at which individual infants accomplish these motor tasks are variable; therefore these are approximate agges.

X. Motor Development.

A. Maturation in motor development of the infant.

1. Growth and development in children takes place in an orderly way from one phase to the next unless it is sharply curtailed by such factors as illness, poor nutrition, physical restraints, confinement, etc.

2. When a child is organically ready, growth will take place.

3. Growth and development cannot be substantially hastened by efforts in training before the child is ready.

4. Nature has established an orderly timetable; when good nutrition and opportunity are present, each child's individual growth pattern will unfold.

5. It is the responsibility of parenthood to provide the child with the raw materials of food, love and attention, care, safety, freedom to learn and explore, etc., for the natural process of growth and development to unfold.

B. The concept of indigenous motivation in the motor development of the infant.

1. Indigenous motivation is the spontaneous effort of children to exercise their growing physical and motor skills.

2. Infants naturally seeks to exercise and practice their developing physical abilities.

3. Safe opportunity without physical restraint and confinement must be available for growing children to practice their developing skills.

4. Such activity as reaching, grasping, hand and eye-finger coordination, creeping, crawling, sitting alone, standing with help are all activities that children will do naturally when they are organically ready.

5. Children must be provided with opportunities to develop their growing skills and be given encouragement and recognition for their accomplishments.

XI. Cognitive Development.

A. Overview of cognitive development in the infant.

1. Cognitive development progresses rapidly with age. Each new skill acquired, as well as each new experience, become building blocks for further development.

2. Cognitive development takes place as sensory and perceptual processes develop and as the child's experiences expand.

3. Each new experience is assimilated into a store of experiences and finds an accommodation with previously-stored information.

4. Infants seem to have a build-in motivation, curiosity, and impetus for mental growth, as they find much satisfaction in observing, handling, and making things happen in their world.

5. An example of such built-in motivation for cognitive growth is the intense enjoyment infants demonstrate while observing a mobile, and then causing it to move by their accidental batting of the mobile, and by their repeated striking of the mobile to cause more movement.

B. Stages of cognitive development defined by achievements.

1. Sensorimotor development.

a. During this stage infants come to know objects and background of the immediate environment in terms of real things such as mother, father, bottle, bed, rattle, etc.

b. They form a sense of object permanence or constancy, which is an awareness of objects as separate from themselves and existing even when absent. For example, infants of four months who are still building perceptual and cognitive scheme will not search for a rattle which has been placed under a blanket out of their sight.

c. The infant of seven or eight months who has achieved a sense of the permanence of objects will actively search for the missing rattle placed under the blanket.

2. Piaget has described six stages of sensorimotor development which enable infants to come to know their immediate environments. These stages are defined in terms of achievements.

a. The poly-reflex movements, such as sucking, and mono-reflexes are practiced, improved, and consolidated in starting the life-functions of the infant.

b. Infants learn to relate parts of themselves to other parts, such as sucking a thumb and touching their hands together and fingering them, looking at their hands, and at objects grasped in their hands.

c. Interesting events are repeated and prolonged. When a change in their environment is caused by their actions, they are likely to repeat those actions, such as hitting it again.

d. Infants actively relate a definite means to an end, such as searching for a vanished object.

e. Infants try to experiment and produce new events to see what will happen; they are curious and seek out new experiences. Throwing and dropping toys are common kinds of activity in which infants learn about movement of objects, disappearance, and reappearance.

f. Infants arrive at mental solutions by thinking, without any action, by representing objects and actions to themselves by thought. In this stage infants can think of objects that are not present, of past events, and of events that might happen to include behaviors of imitation and pretending.

3. The development of trust.

a. A sense of trust finds its developmental roots in infancy.

b. The early experiences of obtaining necessary food, in having diapers changed, and in being handled and cared for reinforce good feelings toward other people and self.

c. The security of experiencing tension reduction and consistency in physical care provides good feelings of having needs met, such as being fed when hungry, dried when wet, rocked when restless, and stimulated when bored.

d. Such security carries over into childrens' feeling that they can increasingly meet their own needs as their skills develop.

e. Childrens' appreciation of order in their world and a feeling of control over their movements are essential for the development of a basic sense of trust.

f. Feelings of mistrust develop from a dominance of discomfort, disappointment, anxiety, inability to explore things around them, inconsistency in response to having their physical needs met and inconsistent emotional encounters with adults.

g. When feelings of an inability to have their needs satisfactorily met exceed feelings of security, then the normal development of a basic sense of trust does not take place.

4. The development of self-concept and autonomy.

   a. During infancy the beginnings of awareness of the self are developed.

   b. Infants become aware of themselves as objects distinct from other objects and people.

   c. Awareness of the body as part of self-image begins to develop relative to pleasant and unpleasant body feelings resulting from tension and tension reduction.

   d. Children are fed when hungry, dried when wet, rocked when restless, and stimulated when bored.

   e. The awareness of self continues to develop as infants find out that events around them may be caused by them.

   f. The two week old infant shows excitement when presented with a familiar face or object.

   g. During the second month the infant coos and smiles when approached by a friendly person.

   h. From about the third month, children's self-awareness is expressed through imitation, repetition of events, and self-regulation of their actions.

   i. Children begin to realize and find pleasure in their ability to be the cause of responses and actions from their mothers.

   j. With the beginning development of language and locomotion, the sense of autonomy develops.

   k. Such common responses as "no" and "me-do" demonstrate increasing self-awareness of the child.

l. The informed parent recognizes how the infants develop and provide them with the love, attention and physical care that are essential foundations to the development of good feelings about themselves.

m. Parents or caregivers should be willing to set limits that are clear and firm within which the infants can make choices that are not beyond themselves.

n. Frustration and anger are more frequent in the latter part of infancy due to frustrations resulting from either the lack of or too many restrictions on the infant's behavior.

o. Shame or doubt in their abilities result from infant's unfortunate choice-making.

p. Successful autonomous infants are the result of choice-making and decisions which lead to successful encounters within their environments.

XII. Development of Language in Infants.

A. Basis for language.

1. Infants understand the words of others before they have the ability to form word sounds and to use words meaningfully.

2. Before the first year infants can respond to the words of others.

3. The process of learning to reproduce sounds probably begins with gestures, facial expressions, and tone of voice. As certain recurring situations and experiences are associated with words, the words come to stand for the object or experience. Thus it is particulary important to talk to infants.

4. Although infants may not respond to words at first, they associate words with emotional experiences such as joy, laughter, being held, etc., which develop a motivation to participate in the use of language to convey feelings and needs.

B. Sounds.

1. In the second and third months, infants make throaty and gurgling noises.

2. In the fourth month, cooing may be observed in response to another person's presence or attention.

3. Babbling is highly characteristic about the fourth month and is a significant step in stimulating and reinforcing sounds and in exercising the vocal system.

4. During the sixth and seventh months, infants vocalize several well-defined syllables; sometimes during the sixth to ninth month, there is an effort to duplicate through imitation the sounds they hear others make.

5. At about eleven or twelve months, infants may be able to imitate "dada" or "mama."

C. Words.

1. The second year is characterized by growth in the ability to form words clearly and distinctly and in using single words to express a complete thought.

2. By the end of the second year, infants usually use simple phrases and sentences.

XIII. Value of Play and Stimulation to Development.

A. Play is childrens' work. It is an important medium through which growth and development takes place.

1. Infants need to be cuddled, rocked, tickled, cooed at, sung to, and played with.

2. Infants should be played with from the beginning in the form of gentle snuggling and rocking and later moving towards simple activities and word games.

B. Infants need more than just being comfortably dry, fed and physically well.

1. They need appropriate physical and mental stimulation and activity to satisfy their natural urge to the unfolding of growth and development.

2. Jean Piaget holds that the more new things children have seen and heard, the more new things they want to experience; the greater variety of stimuli with which they have coped, the greater is their capacity for coping.

C. In playing with infants, it is important to let the development take place according to their own timetables and not your expectations.

1. The play activity should provide the crucial experience of feeling loved; it should let infants develop according to their readiness and not adult expectations.

2. The games should be simple and fun, involving both words and physical activity for which children are ready.

CHAPTER VII

PHYSICAL DEVELOPMENT

RATIONALE

Childrens' bodies are of utmost importance since they are the "shells" for the social-emotional-intellectual development. Without proper development of the physical body, other areas of development are impaired. Therefore, it is important for those working with young children to understand physical development and how to encourage it in the early childhood program.

The first stage of human development is basically physical. Piaget's theories of early development indicate that in the beginning infants perceive themselves and the world only in a physical sense. As other aspects of development emerge, increasingly complex physical skills enable children to achieve mastery of their world. Through their understanding of children's physical developmental norms, parents and teachers must be able to provide learning activities for psychomotor development.

ESSENTIAL CONTENT INFORMATION

I. Importance of Physical Development.

Physical development should be encouraged in preschool children. It helps them obtain the following desirable features:

A. A good self-concept.

B. Skills required in muscle and body control.

C. Good health habits.

D. Intellectual skills.

E. An appreciation of other's accomplishments.

F. An emotional release.

G. Social skills.

II. Effects of Physical Development on Other Aspects of Development.

A. Physical characteristics.

1. Body size: short-tall; overweight-underweight; small or big.

2. Appearance: attractive-unattractive.

3. Muscle coordination: agile-awkward.

4. Physical fitness: energetic-listless; handicapped-"normal."

B. Aspects of development affected by physical development.

1. Social.

a. Influences others' expectations. Example: If a child is large, usually more advanced skills for higher age level is expected.

b. Influences others' acceptance. Example: If a child is obese and/or unattractive usually more difficulty is experienced in making friends.

2. Emotional.

Influences self-concept. Example: If children are petite, they may develop the attitude of being "too little to do anything," or if they have developed good motor control, they may gain self-confidence because they can do things well.

3. Intellectual.

a. Influences ability to learn because children learn through their bodies.

(1) Sensory experiences: touch, taste, sight, smell, hearing.

(2) Muscle experiences: body awareness, space awareness, form awareness, locomotor skills, and creative movements. Example: If children have a hearing handicap, their language skills may be impaired.

b. Influences initiative to learn. Example: If children are well-nourished and energetic, it is much easier for them to learn than if they are malnourished and listless.

c. Influences type of skills that can be developed. Example: If children are tall and coordinated, they can more easily become good basketball players.

III. Facilities Necessary for Physical Development.

A. Equipment and space are needed for the following activities:

1. Resting, eating, toileting.

2. Gross and fine muscle activity.

3. Indoor and outdoor activity.

4. Active and inactive play (quiet and noisy).

B. Equipment and space should be scaled to the physical size and abilities of the children.

IV. Effectiveness of a Daily Schedule in Meeting Physical Needs.

A. The daily schedule should be built around the physical needs of the children.

B. The scheduling of times should be made with the following considerations:

1. Providing routine times for physical refueling.

   a. Toileting.

   b. Snacking or eating.

   c. Resting.

2. Providing periods of both quiet and active play to prevent fatigue in children.

3. Arranging periods for gradual movement from active to quiet activities. Abrupt changes result in tension in group.

4. Arranging the most active play in morning. Children are usually more rested.

5. Providing large blocks of time for self-selected activity and few transition periods (going from one activity to another.) Transitions from one activity to another are difficult to children.

V. Activities in the Curriculum to Promote Physical Development.

A. Plan activities for the physical development of preschool children daily. Children who are growing rapidly need many opportunities to practice all kinds of motor skills.

B. Since all growth is interrelated, provide activities which satisfy the childrens' social-emotional-and intellectual needs as well as promote their physical development.

C. Provide a variety of activities which promote both gross and fine motor development and coordination.

1. Gross.

a. Block building.

b. Climbing.

c. Riding vehicles.

d. Running, jumping games.

e. Musical activities.

2. Fine.

a. Assembling puzzles.

b. Cutting.

c. Making finger paintings.

d. Using peg boards.

e. Playing finger games.

D. Provide activities which promote sensorimotor exploration of the body.

1. Learning parts of body.

2. Learning how the parts of the body move.

3. Experiencing space in relation to the body.

4. Learning the feeling of direction.

5. Learning to relax.

6. Learning to make heavy-light movement, etc.

E. Provide sensory activities requiring children to use their senses first-hand.

1. Smelling a flower.

2. Tasting a carrot.

3. Seeing a fish swim.

4. Hearing a drum.

5. Touching a frog.

6. Matching color.

7. Matching shapes.

8. Feeling textures.

9. Recognizing objects by sense perception.

VI. Chart of Motor Development.

A. Reminders.

1. Charts are for the "non-existing" average.

2. Consider the total development of the children.

3. Compare children only to themselves and their own past records. Is their growth continuous and progressing in proper sequence?

B. Records.

1. Records of growth and development should be kept on each child.

2. Update and review records frequently.

C. Motor development description. (See chart, page 52)

MOTOR DEVELOPMENT-INFANCY

Developmental tasks: Reaches with hands, grasps, and manipulates objects; upright locomotion; coordination of eyes and body movements; takes in solid foods.

Birth to 3 months

Smiles spontaneously
Lifts head when supported at shoulders
Holds head steady without support
Responds to bell or rattle
Reaches

3 to 5 months

Smiles in response to others
Smiles at mirror image
Laughs
Rolls over
Holds head steady and erect when in a sitting position
Uses arms and hands in reaching
Uses both hands to grasp object offered
Crawling movements begin

5 to 9 months

Squeals with joy or pleasure
Transfers an object from one hand to the other
Reaches and grasps toy
Sits without support
Holds two toys or cubes
Creeps and crawls
Can self-feed with finger foods
Stands with support

6 to 12 months

Pulls to sitting position without help
Stands by holding on to something
Crawls or moves on stomach or in a sitting position without walking
Uses thumb and finger for grasping
Self-feeds with food items such as crackers
Pulls and pushes toys and objects
Imitates speech sounds

9 to 15 months

Stands alone
Walks while holding on to something
Looks at pictures in baby picture book
plays with blocks

11 to 15 months

Walks alone in a toddling fashion
Climbs on furniture
Grasps small objects with thumb and finger
Imitates words
Holds cup and bottle alone
Drinks from a cup
Shows right or left handedness

12 to 18 months

Turns pages of a book
Can say about three words
Builds tower of two cubes
Scribbles spontaneously

14 to 17 months

Runs
Throws ball overhand without control of direction
Uses spoon; spills easily
Points to parts of face---nose, ear, mouth, chin
Points to parts of doll---hair, mouth, hands, feet
Uses words to make wants known

15 to 22 months

Walks up steps with help
Walks backwards
Removes simple items of clothing
Eats with a spoon
Builds tower of three cubes
Carries and hugs doll or stuffed animal
First tooth with biting and chewing replaces mouthing and gumming

MOTOR DEVELOPMENT-EARLY CHILDHOOD

Developmental tasks: Independence and autonomy; toilet training; acquisition of language; self-feeding and dressing; cooperating and relating with others; formulating concepts of social and physical reality.

18 to 30 months

Walks up steps alone
Recognizes and points to pictures
Makes sentences of two or three words
Manipulates push and pull toys easily
stacks and lines up blocks
Turns pages with ease
Tears paper
Puts finger into holes
Waves "by-by"
Begins taking things apart
Can undress self

2 to 3 years

Runs
Climbs on various objects such as furniture and stairs
Kicks ball forward
Throws ball overhand, but without aiming
Unwraps and removes covers from candy or other items, such as peeling banana
Takes simple objects apart with little difficulty
Unfastens clothing
Runs, jumps, tumbles, hops
Jumps and hops with one foot leading
Climbs stairs with two feet on each step
Throws balls of various sizes
Turns pages with ease
Puts fingers in openings and holes
Turns knobs by rotating wrist
Constructs towers by stacking several blocks
Scribbles up and down and across
Holds cup and glass with control
Eats with a spoon
Begins self-dressing with independence
Can undress with ease

3 to 4 years

Runs, jumps, hops, skips, gallops
Climbs and descends stairs
Slides in skating and a dancing motion
Can march to rhythm
Rolls and crawls on floor
Balances self on one foot
Kicks balls
Jumps over a rope
Pedals wheel toys
Touches toes
Can do sit-ups, chin-ups, and push-ups
Throws and bounces a ball
Catches a ball or a bean bag
Pulls and pushes objects
Strings beads
Stands on one foot for a short time
Builds with blocks
Cuts with scissors
Uses Large crayons and pencils
Rolls wrists and closes fists
Cuts out assorted shapes with scissors
Can fold paper
Screws and unscrews objects
Draws directed lines and scribbling
Manipulates puzzles with few to several pieces
Manipulates simple objects by putting parts which require little skill together

3 to 4 years (Cont'd)

Draws a circle---usually from a model
Builds a tower of eight cubes---usually from a model
Manipulates spoon and fork for self-feeding
Dresses with success except for tying shoes, bows, and manipulating some fasteners

4 to 5 years

Climbs play equipment---jungle gym, towers, slides, and ladders
Balances on one foot
Catches and throws 3-, 5-, and 12-inch balls
Bounces and catches balls
Hops on both feet
Hops on one foot---four steps
Skips in unison to music
Skips rope
Participates vigorously in outdoor play
Rides wheel toys with speed and skill
Balances on beam or board
Manipulates buttons, zippers, and may tie bows
Threads beads or spools on string
Plays jacks
Pounds and rolls clay
Forms crude and some recognizable objects with clay
Places blocks horizontally on floor
Stacks blocks vertically
Creates recognizable structures with blocks
Participates in finger plays
Controls crayons, pencils, paint brushes, chalk
Understands and uses scissors
Can follow line when cutting with scissors

4 to 5 years (Cont'd)

Cuts and pastes according to directions
Maintains rhythmic beat with rhythm band and instruments
Joins in games requiring group movement such as circles and dancing
Places pegs in pegboard
Builds structures with tinker toys
Uses real hammer and saw in simple woodworking activity
Can pour from a small pitcher into a glass
Can hold and eat with spoon and fork correctly
Can use knife to cut food
Turns corners and about-face
Self-dresses with ease
Enjoys large-muscle activity---running, tumbling, climbing, fast-moving activities involving the whole body

CHAPTER VIII

SOCIAL DEVELOPMENT

RATIONALE

Man is a social being. He lives in groups, in families, and in communities. Yet very young children know little of the world outside themselves, and their ability to understand the actions of others is limited. Gradually, through the early years, parents and teachers must help them to understand the patterns of social living and guide them into satisfactory ways of relating to others.

ESSENTIAL CONTENT INFORMATION

I. Beginnings of Social Reactions.

A. From their earliest days, babies are fascinated by the sound of a human voice and the sight of a human face.

1. They stare with rapt attention at each fact that comes into their line of vision.

2. They respond to loving talk.

B. Babies respond in their own unique fashions and thereby set up their own patterns of social interchange on which later social development will be based.

C. By the eighth month most infants recognize the important people in their lives by sight and reserve their socializing for them, reacting with distress to strangers.

II. Interrelationship Between Social Development and Heredity.

A. Early environment has a lasting and profound influence upon the social development of the child.

B. Basic to this development are the inherited tendencies which stamp even the baby in the hospital nursery as an individual with personality and uniqueness.

C. Different patterns of response and activity are observable in these young children.

D. When combined with such environmental factors as family size, birth order, presence or absence of a parent, continuity or discontinuity and emotional climate, they result in the development of individuality in social response.

III. Importance of Early Social Influences.

A. Source of learned behavior.

1. Infants' primary source of learned behavior is the actions and mannerisms of the adults around them.

2. Authorities are in agreement that imitation and identification are important factors in the process of socialization.

3. Children imitate the behavior of parents or primary caregivers, including voice inflections, body stance, and patterns of verbal or physical aggression or retreat.

B. Early models.

1. The values, concerns, and attitudes of adults become children's own values, concerns and attitudes.

2. Later imitation and identification between children and others are secondary experiences that may act to modify earlier behaviors.

3. The model of the early caregiver for young children strongly resists modification.

4. Early influences are so strong that even though individuals may wish to change certain behavior patterns in themselves, the behavior may well continue and resist change or be modified only after considerable distress to the individuals and quite possibly to other people.

C. Positive influences.

1. Since young children are easily influenced through imitation, it is quite important that social influences and experiences are positive.

2. Young children are not selective in what they imitate. They will try almost anything, good or bad.

3. Children can be influenced to be social, unsocial, or antisocial, depending upon their early experiences.

4. If the total climate of the childrens' early environment is favorable, favorable social attitudes are likely to develop.

IV. Stages of Development by Achievement.

A. Development of a sense of autonomy (Erikson.)

1. Before young children can make sustained progress in interpersonal relations, they must come to some basic understandings about their own personhoods.

2. Between the ages of one year and three years children put great emphasis on "doing their own thing," of being independent and able to do things by themselves.

3. A battle rages between infants' need for separation from parents and their need for the equally-pressing security the parents signify.

4. Brazelton says, "The big job for the child of this age is that of resolving the struggle between being controlled by outsiders and of learning controls for himself/herself."

5. According to Erikson, if the child is not allowed to "develop his/her will as he/she learns his/her duty, a deep sense of doubt and shame may result and he/she may learn to expect defeat in any battle of wills with those who are bigger and stronger."

6. The sense of autonomy which comes with the successful resolution of this struggle leads to a feeling of competence which is at the root of any child's future progress.

B. Development of a sense of initiative.

1. Three, four, and five-year-old children are busy discovering what kind of persons they are.

2. They are experimenting with plans, ideas, imagination, and action through play.

3. The development of a sense of initiative involves fantasy and imagination that is mixed with the real world of people and things.

4. They are living with the intense feelings associated with discovering the kind of persons they have the potential to be in relating the world to themselves.

5. Young children can be, in their imaginations, fathers or mothers, bunnies, lions, or heroes, by pretending or playing parts.

6. This imaginative play is normal and is childrens' way of learning to relate themselves to the world.

7. The failure to achieve a sense of initiative may lead to a sense of inadequacy and low self-esteem.

C. Development of a sense of conscience.

1. In the early childhood years children begin to develop a conscience.

2. With guidance children begin to learn concepts of right and wrong. In fact, children at this age are quite vulnerable to attempts to over-organize the conscience.

3. If young children are made to feel guilty about too many things by well-meaning adults, their social and emotional development may be retarded.

4. Guidance techniques that rely upon shaming or forcing, may lead to severe guilt feelings and have a crippling effect on the development of children.

5. This is especially true if the importance of the development of autonomy and initiative, mentioned above, is not understood.

6. Through firm, loving and consistent guidance, young children can begin to understand and accept ideas of right and wrong.

V. Influence of Child-Rearing Practices on Social Development.

A. Democratic environment.

1. Children reared in a democratic atmosphere are more apt to be active and socially out-going.

2. The democratic environment is characterized by respect, interaction between child and parent, spontaneous expression of love, and clear consistent limits on behavior.

B. Authoritarian/permissive.

1. Children reared with authoritarian methods are often quiet, non-resistant, well-behaved and unaggressive.

2. Children whose caregivers are too lenient and fail to set limits on their behavior may feel that these adults do not care about them and have difficulty adjusting to social rules and regulations later in life.

VI. Social Behavior in Early Childhood.

A. Social development begins as infants and the adults who care for them develop patterns of social give-and-take.

1. If adults respond to the needs of infants in reasonably appropriate ways, the infants respond by being happy and alert.

2. Both infants and adults are mutually pleased with one another.

3. The basic framework for social interchange has been laid.

B. If adults cannot make the effort, or, in the case of especially demanding children, cannot find ways to comfort these children, then early social experiences may be troubled and unrewarding.

1. Infants may learn not to trust the world to be good to them and erect barriers between themselves and others.

2. Caregivers may in frustration reject the children or be torn with guilt over the failure to please them.

3. The adult needs to realize that babies cry and fuss, some more than others; all babies are at times inconsolable.

4. They go through many traumas in the process of adjusting to the world.

5. If basic needs are met, however, and comfort is offered, the incidences of crying are minimized.

6. Routinely well-cared-for babies cry less and react more spontaneously than do babies who are cared for inconsistently.

C. Much of the infant's socializing is with adults or older children.

1. Until the age of two, young children together tend to continue their solitary or parallel play.

2. There is little social interaction except, perhaps, to watch or imitate each other, or appropriate each other's toys.

3. As they mature, adult expectations and play with other children help them to adapt to other's desires, to give and take, and to begin to share possessions.

4. Through imitation of the actions, words, and examples of others, the child learns to conform to group needs.

D. Social development is not easy.

1. It is an uneven process; in fact behaviors that appear antisocial are to be expected in young children.

2. Their inability to put themselves in another's situation makes it difficult for them to relate to others realistically.

3. Adult understanding and guidance can help children take rebuffs and learn acceptable ways of getting along with others.

VII. Characteristic Forms of Social Behavior that Appear in Early Childhood.

A. Negativism---The resisting behaviors of young children.

1. It involves a combination of self-assertion, self-protection, and resistance to pressure.

2. Negativism may be expressed in physical tenseness, failure to carry out requests, pretending not to hear, stubbornness in routine activities such as eating and toileting, walking away, hiding, holding of the breath or the well-known "NO."

3. It is a common behavior between the age of eighteen months and thee years.

4. It is a sign of childrens' wanting to have some control over their activity.

5. It is a part of the struggle for autonomy.

6. The greater children are frustrated by inconsistent limits on behavior and rigid adult impositions on what they may or may not do, the greater the negativism.

7. Negativism is best handled by adults who protect childrens' safety, limit damaging and unacceptable behavior firmly but lovingly, and are able to be flexible and understand most childrens' very real needs to find that they can do things and change things "all by themselves."

8. We are very proud of older children who show independence, make up their own minds, and persist in the face of difficulties.

9. The foundation is laid here.

B. Aggression, an actual or threatened act of hostility.

1. Aggressive behavior is often a reaction to frustration resulting in an attack upon another person or object.

2. It may be displaced anger when children cannot express anger directly.

3. The greater the frustration, the more aggressive a child is likely to be.

4. When aggression leads to reward in the form of attaining goals or in reducing anxiety, the use of aggression will continue.

5. It will also continue in those children whose parents or caregivers are permissive toward aggressive behavior.

6. Children who are punished physically show more aggressive behavior than children whose caregivers take a middle-of-the-road approach to discipline.

7. Association with adults or other children who exhibit a good deal of aggression increases the incidence of aggression in the child's behavior.

8. The incidence of aggression is greatest during fatigue.

9. Some aggression is normal social behavior and may be released directly throughactive play activities.

10. Some children will need help in releasing angry feelings in ways that do not hurt themselves or others.

C. Quarrel, an angry encounter that starts with a justified or unjustified complaint.

1. Quarreling does not necessarily mean that children dislike each other.

2. Once the quarrel ends, children usually forget it and are friendly and cheerful.

3. Quarreling may involve destroying others' work, taking away their toys, screaming, crying, biting, kicking, hitting, name calling, and making derogatory statements.

4. Most young children use physical attacks in attempting to settle a quarrel.

5. They need help in substituting "words for blows."

D. Arguments, verbal quarrels or disagreements.

1. They have real value in social relationships.

2. Without the freedom to argue, shy children are powerless to make their needs known and aggressive children do not learn to consider the needs and wishes of others.

3. Children can be helped to argue well, to express their needs and feelings plainly and reasonably.

4. With support, children can learn to accept another's disagreement without dismay and gradually learn the social arts of compromise and consideration.

5. The ability to argue will lessen the pressures of group life.

6. It gives children the assurance that they can cope with social situations without sacrificing their self-esteem or resorting to violence.

E. Teasing and bullying, aggressive behaviors that usually lead to quarreling and fighting.

1. Teasing is a mental attack to arouse an angry response and may involve such things as calling someone by an unliked nickname or calling attention to a physical or mental weakness.

2. Bullying involves attempts to inflict physical pain or imposition upon another because of certain pleasure derived from watching another's discomfort.

3. Bullying may involve such things as pulling hair, pinching, poking, pushing, etc.

4. Children who have feelings of inferiority or insecurity engage in teasing and bullying more often than better adjusted children.

F. Rivalry, the desire to excel or outdo others.

1. Before the age of four years, competition is not a factor of significance; by the age of six years, however, most children have some competitive spirit.

2. While some competitiveness should be considered normal behavior, rivalry that leads to unacceptable social behavior is not desirable.

3. Rivalry is common in situations where jealousy exists between children.

4. Rivalry, followed by quarreling, is common in the presence of a third person for whose attention the child competes.

5. Adults can reduce feelings of rivalry by not showing preference for children or pitting them against each other.

G. Cooperation, the common effort between persons for mutual benefit.

1. Before the age of three or four, little cooperative play among children can be expected.

2. Their inability to grasp what the other children are trying to do hampers cooperative efforts.

3. As they get older, children who have the opportunity to work and play with both children and adults are more likely to work out cooperative ways of handling social situations.

4. Authoritarian attitudes which force cooperation often cause negative attitudes which surface when an authority is not present.

5. Children reared in a democratic way develop more spontaneous cooperative attitudes.

H. Ascendant behavior, any behavior by which individuals attain dominance over a social situation or are in control of themselves to the extent that they can prevail.

1. The tendency to try to dominate others is very common in our culture.

2. Behavior to gain dominance usually begins around three years of age and increases as opportunity for social contacts increases.

3. When directed into socially acceptable leadership, ascendant behavior can be of great value both to the child and to society.

I. Generosity, the willingness to share with others.

1. Young children are normally ego-centric.

2. When they begin to play with others, they learn to temper self-interest with group interests.

3. Considerable learning about possession---what is mine, what is yours, what is ours---must precede spontaneous generosity.

4. The social rewards of group activity help children accept the need to share.

J. Desire for social approval, leading to attempts to be accepted and noticed.

1. Infants like to be noticed and sense when they are the center of attention.

2. As children grow older they are increasingly anxious to win the approval of others, first with parents and then with their peers.

3. When children do not get adequate attention in socially approved ways, they often seek attention in socially unacceptable ways. They show off, and noisily demand attention because they feel neglected.

4. Praise and encouragement generously given for acceptable behaviors help children feel more secure and lessens their need for evidences of acceptance.

K. Sympathy, behavior in which one is affected by the emotions of another.

1. Young children who have been treated sympathetically will often respond sympathetically to others with pats, hugs, and kisses, by trying to help others, by trying to remove or attempt to remove the cause of distress, and by inquiring to find the cause of distress.

2. Children who are insecure and too absorbed in their own problems or those whose experiences have been such that they cannot understand the distress of others, will show unsympathetic behavior.

L. Dependence, exhibited by children who rely unduly upon their parents, other adults, siblings, or their peer group for attention and affection.

1. Dependent behavior is characterized by seeking help when it is not needed, seeking attention and approval beyond what would be expected, and being easily influenced.

2. Children are trained to be overly-dependent by having too much done for them, by having too few responsibilities, and too few opportunities to learn to do things for themselves.

3. Our culture demands a great deal more independence of young children than many other cultures. If adults are aware that these demands for independence require much effort from an inexperienced child, they can balance expectations for achievement with many chances to repeat and enjoy non-demanding activities.

4. They can accept retreats into more dependent behaviors which will come on occasion.

M. Friendliness, an act showing kindly interest and goodwill toward others.

1. Children want to be friendly.

2. They are learning to relate to others and have not always learned to relate themselves to others in the best way.

3. A friendly contact may quickly develop into a quarrel with the quarrel being of short duration and a friendly relationship reestablished.

4. Friendly approaches to other children are more frequent than aggressive approaches.

5. There is a gradual increase in expressions of friendliness as children grow older and learn to express their own affections.

VIII. Guidelines for Helping Children Achieve Socially-Acceptable Behavior.

A. Undesirable behavior tends to get more attention from adults than socially-acceptable behavior. Try to keep a balanced view and do not over-emphasize the unacceptable aspects of children's behavior.

B. Do not ignore undesirable behavior, however. Tell the child clearly what behavior is unacceptable and be consistent in enforcing the limits you have set. If childrens' unacceptable behavior is ignored or they get the results they want, they will assume that it is socially acceptable.

C. State rules in positive terms. Much of children's unacceptable behavior is the best they know to do in a situation. Tell them a better way. For example, instead of "Don't push each other on the slide," it is easier for the child to do the acceptable thing if the rule is stated, "One child at a time on the slide." Instead of, "Don't kick Joannie or anyone else," it helps to be told, "Put your feet on the floor."

D. When a child is having trouble in a social situation, suggest a socially-acceptable behavior and show how it leads to more satisfying results than unacceptable behavior.

E. Through stories, conversations or real-life situations show children how cooperation, friendliness and consideration for others makes for happier relationships.

F. Give young children just learning language, simple words and phrases to use in expressing their needs and wants. Reinforce with your presence and your encouragement their attempts to use "words instead of blows."

G. Be aware that the way adults relate to children and to other adults is a powerful teaching tool. Children tend to recreate the social relationships they experience.

CHAPTER IX

EMOTIONAL DEVELOPMENT

RATIONALE

It is the responsibility of the parent and/or teacher to provide an atmosphere of security and encouragement for young children who are learning to live with strong and sometimes frightening feelings. The parent and/or teacher must understand the normal feelings of young children, intellectual conflicts which children have when they are not always able to believe what they hear and see, and the guidance techniques which will help these children toward a realistic acceptance of their own feelings.

ESSENTIAL CONTENT INFORMATION

I. Factors Involved in Emotional Development.

There are three factors involved in the development of specific emotions such as anger, affection, joy, etc.

A. Innate ability.

1. Babies are born with a generalized ability to respond emotionally.

2. This ability must be developed through maturation and learning into specific emotions.

B. Maturation.

The development of specific emotions is dependent, in part on neural and on endocrine development.

1. Neural development.

a. This refers to the maturation of the parts of the brain responsible for emotional behavior which has depth and can be maintained over a period of time.

b. The emotional responses of young children are spontaneous and short-lived, whereas those of adults are deeper and may be maintained over a long period of time.

c. Neural development also influences intellectual development which results in the ability to see meanings in situations which were not previously seen; a longer attention span; the growth of imagination and understanding; and the ability to remember and to anticipate events or situations.

d. These abilities, in turn, affect emotional responses.

2. Endocrine development.

a. The endocrine glands, such as the thyroid and adrenals, produce secretions which are important in emotional responses and are essential to the development of a mature level of emotional responses, and are essential to the development of a mature level of emotional behavior.

b. As these glands mature, the individual develops the potential for more specific emotions and responses to these emotions.

C. Learning.

1. Maturation makes it possible for children to feel and respond to a variety of emotions.

2. Learning influences the way in which children respond to the emotion and the situations which arouse specific emotions.

3. Learning accounts for many of the differences in emotional behavior found among children of the same age and between children of different ages.

II. Characteristics of Children's Emotions.

There are individual differences in the emotional behavior of children of the same age. Regardless of individual differences, however there are certain general characterics of children's emotions which make them different from adults or even from older children. It is necessary that teachers and parents recognize these differences as normal if they are to help guide a child's emotional development.

A. Children's emotions are brief.

1. Young children's emotions usually last for only a few minutes and then end quickly.

2. This is true because children react immediately---with a kick or some other outward response.

3. This helps children "clear the system" of the feelings which were aroused.

4. It is only after children learn to control such responses that an emotional state lasts for any length of time.

B. Children's emotions are intense.

1. Children tend to react with very strong emotional responses to what appear to adults to be matters of little concern.

2. Children react as they feel.

C. Children's emotions change rapidly.

1. Within a matter of minutes children may shift from one emotional state tc another---from laughter to tears, from anger to happiness, or from jealousy to affection.

2. They do not dwell on the past.

D. Children's emotions appear frequently.

1. Throughout the day there are many emotion-arousing situations which occur.

2. Young children react to them in emotional ways.

E. Children's emotional responses are different.

1. Because of their differing innate abilities, learning experiences and environments children gradually develop their own individual emotional responses.

2. One child will run out of the room when frightened, another will hide behind mother or father, and yet others will stand their ground and cry.

F. Children's emotions can be detected by symptoms of behavior.

1. Young children have not learned to hide their feelings as well as adults.

2. There are certain symptoms of behavior which reveal the child's emotional state.

3. These include restlessness, figeting, very frequent urination, nail biting, thumb sucking, eye blinking, speech difficulties, lack of appetitie, babyish behavior, frequent crying, stubbornness and hysterical outbursts.

G. Children's emotions change in strength.

1. As children grow older, some emotions which were previously very strong may weaken and others which are very weak may become strong.

2. Much of this change is due to intelectual development, feelings of security, and changes in interest and values.

3. For example, a two-year-old who is afraid of strangers may not be afraid at age three.

H. Children's patterns of emotional response change.

1. The two-year-old's response to anger at another child may be to hit or kick the other child.

2. The same child at age four may have learned that hitting and kicking are not acceptable or allowed. Consequently this child may tell another child: "I don't like you; you're bad."

III. General Patterns of Emotional Development

Emotional development evolves from the diffuse, general excitement evident in the newborn to the differentiated responses of delight, anger, disgust, fear, elation, affection, jealousy and joy evident in the older child. Later emotional development tends to proceed in cycles with a period of emotional turbulence followed by a relaxed, conforming period which, in turn, is followed by another period of turbulence. Although most children follow a general pattern, it is important to remember that each child is an individual and may or may not conform to this pattern. Some children may appear to skip over the period of turbulence because they are basically good-natured and agreeable, while other children may be difficult most of the time. Also, some children may go through these contrary periods at an earlier or later age than indicated below. For these reasons it is important to remember that the following characteristics at specific ages are general patterns and not hard and fast laws of development.

A. From birth to eighteen months.

1. With rapidly developing abilities, interests and desires, infants go through many periods of difficulty.

2. These difficult periods are for the most part caused by the children's efforts to do things which they are not able to do.

3. For example, at twenty weeks children may try but be unable to get their knees under themselves while lying on their stomachs, and become frustrated and cry.

B. At eighteen months.

1. Toddlers of this age seem to be at odds with the world.

2. They are extremely self-absorbed and become annoyed easily when they cannot have their way.

3. They are negative and tend to do the opposite of what they are asked or told to do.

4. "NO!" is a familiar word.

5. They become jealous of the new baby or a strange one on mother's lap and their anger and fear are very strongly expressed.

5. It is easier to distract such children when they are doing something they should not be doing than to tell them "no."

C. At two years.

1. By the age of two, toddlers are less at odds with their environments than they were at eighteen months.

2. They are more sure of themselves, have greater motor ability, make fewer demands, seem more outgoing and friendly and can better understand others and communicate their own needs and wishes.

D. At two and a half years.

1. Two and a half year old children enter another period of negativism.

2. They are learning many things in all areas of development---emotional, social, intellectual and physical.

3. They know what they want to say, but can't always make themselves understood; they resist pressure to conform and are sensitive about being bossed, shown, helped, or directed because they want to be more independent.

4. Their understandings and desires are often greater than their physical abilities will allow them to express.

5. Such habits as thumb sucking, hair twisting, crib rocking, etc., may increase or occur during this tense period of development.

E. At three years.

1. Once again these children may be agreeable and co-operative and more considerate of others.

2. They are not as frequently frustrated by failure because of their developing physical skills; they take directions with less resistance; they take pride in a task performed for others; their temper outbursts are less frequent and not so violent; they can be reasoned with and better controlled verbally; and they seek much praise and affection.

F. At four years.

1. By age four young children are once again going through a period of turbulence. They are frequently termed "out of bounds;" they may hit, kick, break things, and throw things; they may be selfish, impatient, defiant, and boastful; and they quarrel, argue, boss, and compete more than in the past.

2. During this period these children's emotions may change rapidly---one minute they are filled with anger and the next with affection.

3. Four-year-olds are proud of their increasing independence and abilities and do not like to be treated like "babies."

4. They are talkative, curious, and cannot always separate fact from fiction, which may cause them to tell tall-tales.

5. They may blame their own misdeeds on others or even on animals, such as their dogs.

6. Nonsense words and silly rhymes delight them.

G. At five years.

1. Around the age of five children become relatively quiet and conforming much like the three-year-olds, but at a different level.

2. They like supervision, accept instruction, ask permission, and willingly mind adults.

3. At the same time they may often be tearfully sensitive to criticism and become anxious because of their desire to achieve acceptable results.

H. At six years.

1. Six-year-olds are exuberant, and open to new experiences, but they may resent direction.

2. Their moods change rapidly, often for no obvious reason.

3. Although six-year-olds may domineer, blame, or criticize others, it is difficult for them to handle this behavior when it is directed at them---they are easily hurt and discouraged.

IV. The Development of Specific Emotions.

The following is a description of the pattern of development of specific emotions, the situations which arouse them, and the forms of response made to them by children between the ages of six months and six years. NOTE: No two children are alike. An individual child may not fit this pattern at all and still be a normal child. These are simply patterns which are common to many children.

A. Fear.

Fear starts developing in the infant at four, five, and six months of age. Adults' fears may result in children developing the same fears. Requirements for the development of fear are: (1) sufficient perceptual ability for the child to sense fear in others; (2) the mental ability to think about fear. The situations which cause fear and the responses to fear change as the child matures. Many children's fears and responses may seem quite unreasonable to adults. Yet to the immature and inexperienced child, they are quite reasonable and real.

1. At six months.

a. Causes: being separated from mother, strangers, unexpected and loud noises, sudden movement or falling.

b. Responses: crying, screaming, stiffening the body, or holding the breath.

2. At one year.

   a. Causes: being separated from the mother, high places, strangers, loud noises, and insecure footing.

   b. Responses: crying, screaming, running or crawling away, turning aside, or hiding behind a familiar person or a piece of furniture.

3. At two years.

   a. Causes: sudden loud noises, seeing dark colors, large objects, trains, having their cribs or toys moved from their usual places, animals, mother's departure or separation from her at bedtime.

   b. Responses: crying, screaming, or withdrawing--- similar to one-year-olds.

4. At three years.

   The number and strength of fears reach a peak around the age of three. Three-year-olds are able to recognize dangers which they were unable to recognize before. But at the same time their imaginations are developing and they may have fears of things they think might happen or about things they have heard others talk about.

   a. Causes: seeing people of different skin color or masks, the "boogy man," the dark, animals, and mother or/and father going out at night.

   b. Responses: The tree-year-old may stili cry and withdraw, but because of the increased ability to communicate, much crying is replaced by loud protests such as "NO!" "Don't do that!" or "I can't do it!"

5. At four years.

   a. Causes: imaginary dangers such as ghosts, monsters, sounds, the dark, wild animals, mother leaving, especially going out at night.

   b. Responses: Because of social pressures, especially from older siblings and peers the child begins to control the earlier, more direct responses of crying and running away. The four-year-old is apt to try to avoid a behavior like a temper tantrum; or react with nervous mannerisms such as pulling at the ear or clothing, biting nails, sucking thumb, twisting hair, etc.

6. At five years.

   Five-year-olds have less fears than three or four-year-olds and those they do have are more realistic.

   a. Causes: the possibility of bodily harm, falling, mother not returning home, someone close dying, contempt or ridicule, fear of the dark and dogs.

   b. Responses: Five-year-olds are developing better skill at avoiding fearful situations, talking about fears, and acting as though they are unafraid. Children may also respond in such indirect behavior as imaginary illnesses in which they may actually feel sick, even though there is nothing physically wrong. Frightening nightmares peak during the fifth and sixth years.

7. At six years.

   a. Causes: Six-year-olds have more fears than five-year-olds. Many noises may create fear, even such everyday noises as the doorbell, telephone, ugly voice tones. Also, they may be afraid of sleeping alone in a room, of being lost, that someone is hiding under the bed, something happening to mother or that she may die, of ghosts and witches, and of the natural elements, such as fire, water, thunder, and lightening.

b. Responses: Responses are much like those of the five-year-olds only these children may be better at hiding the fear because peers or siblings make fun of them. These children might pretend to be different or create distractions.

B. Anger.

Anger signals an individual that an intrusion has been made. Anger helps energize the person to deal with the situation. The outward manifestations of anger are hostility and aggression. An older child can be angry without expressing it.

1. At six months.

a. Causes: being bathed, dressed, held motionless, or physically restricted as well as experiencing minor discomforts, such as hunger.

b. Responses: uninhibited and undirected displays of temper such as crying, screaming, kicking, arching the back, struggling and twisting the entire body.

2. At one year.

a. Causes: any physical restrictions or desire for an object which they cannot have or reach by themselves.

b. Responses: One-year-olds' anger responses are still not usually directed at any person or object. They are more apt to cry, scream and kick vigorously.

3. At two years.

a. Causes: Much of the two-year-olds' anger is caused by their desire to do things for themselves and not being able to---such as dressing, bathing, or feeding, not receiving as much attention as desired, when another person has something they want.

b. Responses: attacking the person or object which is the cause of the anger. Temper tantrums are typical.

4. At three years.

a. Causes: having to do what they are told to do, having a toy taken away and not being understood when talking. Three-year-olds want to do many things for which they are not yet physically able.

b. Responses: Temper tantrums reach a peak around this age. The child may physically attack the person or cause of the anger, but the anger response does not usually last very long.

5. At four years.

a. Causes: interference in their play by another child, disagreements with others, too many rules created by parents or teacher, being teased or ridiculed, making mistakes.

b. Responses: remains angry longer than the three-year-old. May still attack physically, but is beginning to use threats and attempts "getting even." With increased language ability the direct physical reactions are replaced more and more by words.

6. At five years.

a. Causes: The situations which cause anger at five are much the same as those for the four-year-old. Because the five-year-old has more interests outside of the home, more sources of annoyances and anger occur outside the home.

b. Responses: While five-year-old boys may still use many physical responses, girls tend to respond with name calling, ridicule, sarcastic comments, rudeness and crying. Having learned that these responses are not tolerated when made to an adult, the child may "get even" by breaking another rule.

7. At six years.

a. Causes: Disagreements with peers are the most common cause, but like the five-year-old, the rules of adults are another source.

b. Responses: teases, gossips, nags and belittles the person who caused the anger.

C. Anxiety.

Anxiety is connected with vague internal fears and develops when the child must contend with too much inconsistency and too much insecurity. It does not occur much before four or five. A child who shuns peers and always wants to be with parents or younger children may be reacting to anxiety by trying to find a more secure and manageable situation.

D. Jealousy is a normal emotion which is caused by actual, supposed, or threatened loss of affection. It always leads to unhappiness and may lead to minor or major maladjustments.

1. Age and jealousy.

a. Does not become a recognizable emotion until sometime between the ages of one and two years.

b. May be a very pronounced emotion at eighteen months of age.

c. Reaches a peak around the age of three years.

2. Causes of jealousy.

a. The birth of another child in the family is the most common cause of jealousy in children between the ages of eighteen months and five years. Children are most likely to be jealous if they are the first born and have been used to all of the parent's attention and if the age difference is between $1\frac{1}{2}$-$3\frac{1}{2}$ years.

b. Favoritism.

(1) Without realizing it, adults may favor one child and show it by giving that child more privilege and affection.

(2) Adults may use one child as a model for comparision and to motivate another child to do better work, behave better, etc.

c. Displays of affection between parents.

(1) The young child is often jealous of the father because of his close attachment to the mother. The child does not want to share mother with anyone.

(2) The older children become, the more jealous of the parent of the same sex. This is because fathers are often more affectionate with daughters than sons after age three, while mothers are more affectionate with sons.

d. Being compared unfavorably with peers.

Adults who compare children's accomplishments and behavior create competition among children which leads to jealousy.

e. Envy of another child.

(1) Because one child has toys or some other possession another child also wants.

(2) Because one child can do things another cannot do. Envy of this sort usually occurs when the three to six-year-old child begins to have more contact with children outside of the home.

3. Jealous responses.

a. From eighteen months to three years.

Between these ages children may physically attack either the persons they regard as rivals or the persons whose attention they crave. For example, they might hit or pinch the new baby or the mother. Less direct responses may be showing off, naughtiness, or a return to more babyish behavior such as bed wetting after they have been toilet trained, desiring a bottle, using "baby talk," and seeking unnecessary help in doing things.

b. From three to six years.

Between these ages children respond to jealousy by such things as tattling, belittling, or lying about the person of whom they are jealous. They might become boastful and try to outdo the other person, start having tantrums, biting their nails, or sucking their thumbs, or they may become very selfish or competitive.

E. Joy, pleasure, delight, and happiness.

Pleasure, delight, and happiness are all milder forms of joy ---these are all pleasant emotions and should be encouraged.

1. At two months.

   a. Causes: physical comfort or being patted, caressed, cuddled, and talked to.

   b. Responses: Infants do not yet realize that mother is the source of their feelings of delight or pleasure. The responses of kicking, beating their arms, blowing bubbles or smiling are made just because they feel good.

2. At four months.

   a. Causes: splashing in their bath, seeing their food coming, seeing or hearing their caregiver coo or make sounds for them and being cuddled.

   b. Responses: beating their arms, laughing aloud, cooing.

3. At ten months.

   a. Causes: Many of the causes are the same as for the four-month-old.

   b. Responses: Bangs toys excitedly, kicks the feet, shrieks with delight and grabs for the source of their delight.

4. At one to three years.

   a. Causes: Many of the toddlers' feelings of joy and delight are caused by their own activities, such as learning to walk and run and gaining greater skill in manipulating objects. Also, being played with by others causes pleasure.

   b. Responses: smiles, laughs or shrieks with delight, bounces or jumps up and down, and claps hands together.

5. At three to six years.

a. Causes: new discoveries, activities involving other children, teasing playfully or playing pranks, hearing or saying nonsense words or rhymes.

b. Responses: smiling or laughing, giggling, jumping up and down, rolling on the floor, clapping hands, hugging either themselves or the source of the pleasure.

F. Affection.

A child learns feelings of affection for others only by experiencing affection from others.

1. At birth to one year.

a. During the first twelve months of life, babies are on the receiving-end of affection.

b. During this period, they are developing a strong attachment to the mother and building up good feelings toward those who care for their needs and provide security. Babies may hug or kiss someone when told or asked to, but usually not on their own.

2. At one to two years.

a. Sources: Mother and possibly the father, other close family members, or daily caregiver.

b. Responses: usually shows preference for the mother by hugging, snuggling into a shoulder, caressing, wanting to be held, or climbing into a lap.

3. At two to three years.

a. Sources: parents, siblings, favorite toys.

b. Responses: hugging, kissing, patting, stroking, and caressing the person or object they feel affection for.

4. At three to six years.

a. Sources: The child gains more independence and has more contact with people outside of home, other children, relatives, and teachers. Children feel more affection for others who like them.

b. Responses: wanting to be close to the loved person constantly, taking the other person's hand, or telling the person "I like you" or "You're my friend."

V. Guiding the Development of Specific Emotions.

The role of the parent or teacher is to help the child cope with unpleasant emotions and gradually learn more mature responses to them and to create an atmosphere in which the child can experience more of the pleasant emotions.

A. Fear.

1. Preventing unnecessary fears:

Do not use fear to get the child to behave by saying such things as "you stay on the sidewalk or the policeman will get you." "Quit teasing the baby or I'll take you to the doctor for a shot." or "The boogie man gets bad children at night when they're alone."

2. When children are afraid---DON'T:

a. Make fun of their fears.

b. Shame them.

c. Force them to "face" the feared object, person or situation before they are ready. You interact with the object---let the child be free to come or stay.

d. Become impatient and treat them as if they were babyish because of the fear.

e. Feel that it is unnatural or bad for children to have some fear.

3. When children are afraid---DO:

a. Respect their fears.

b. Realize that they will outgrow most of their fears.

c. Help them to gradually overcome their fears. For example, a child who is afraid of dogs may be gradually helped to overcome this fear.

d. Try, within reason, to spare children situations which you know will cause fear.

e. Prepare them before a fearful situation must be met, such as necessary hospitalization, moving to a new house, or being left with a babysitter.

f. Encourage them to talk about their fears. Recognizing and admitting their fears may lessen the emotion.

g. Let them know that all people feel afraid at times.

B. Anger.

1. Preventing unnecessary anger:

a. Create a warm, affectionate atmosphere in which children feel that they are important. If they feel good about themselves, they will be able to withstand more anger-provoking situations.

b. Do not set unnecessary limits; they will only frustrate children and cause them to feel more anger.

c. Set a good example by controlling your own expressions of anger. Teachers who lose their tempers and yell at children or punish them are poor models.

d. Prevent situations which usually lead to anger. Children who are tired, hungry, or overexcited become angry much easier than they normally would. Plan a program which balances active and quiet play and which provides a time for snacks and rest.

2. What to do when children are angry:

a. Encourage them to talk about why they are angry and help them decide if the anger is justified or not. For example, children often become angry when teachers make them take turns swinging. Yet they can be helped to realize that the teacher is trying to be fair to all of them. They may still be unhappy but, over a period of time, can learn to accept such situations without becoming angry.

b. Accept children's angry feelings, even when the anger response cannot be tolerated. Let them know that you understand how they feel. For example, tell the child who is hitting another, "I know how you feel, and it's all right to feel angry, but I can't let you hit John. You can express your feelings with words."

c. Help children to replace physical responses with verbal responses. (Such as in the foregoing example.)

d. Let them know that they can depend on you to help them control their anger responses as well as those of others. For example, "I can't let you kick John, and I won't let him kick you either. I want school to be a safe place for all of us."